

NH Department of Health and Human Services (DHHS)
NH DHHS Finance/Bureau of Elderly and Adult Services

105 Pleasant St.
Concord, NH 03301

STATE OF NEW HAMPSHIRE BEAS RELEASE OF POLICY	
PR NUMBER:	PR 20-02 July 2020
FROM:	Jayne Jackson, Division of Long Term Services and Supports (DLTSS) Financial Manager, and Athena Gagnon, DHHS Medicaid Financial Manager
OFFICE OF:	DLTSS and Office of Finance
SIGNATURE	/s/ <i>Jayne Jackson</i>
SIGNATURE DATE:	July 15, 2020
SUBJECT:	Release of Updated Appendix A, "Nursing Facility Rates"
TO:	All BEAS Staff; Appendix A Recipients; Bureau of Family Assistance Administrative Supervisors, Line Supervisors
EFFECTIVE DATE:	July 1, 2020

BACKGROUND/SUMMARY

This PR releases the updated Appendix A of the Medicaid Manual, which contains nursing facility rates.

In Appendix A of the Medicaid Manual, each nursing facility is listed alphabetically, together with its per diem and monthly rates. These rates are calculated periodically based on information obtained by the NH Department of Health and Human Services (NH DHHS) Office of Finance. The NH DHHS computerized eligibility system contains a table with the per diem rates for each nursing facility, and the monthly rate is calculated by multiplying the per diem rate by 30.42. Appendix A has been updated to include these new rates.

Appendix A includes rates for atypical care. An atypical unit and/or facility devotes its services exclusively to highly specialized care, the nature of which makes it incomparable to other nursing facilities for the purpose of rate setting.

Where applicable, an asterisk (*) precedes the facility type code as a means of differentiating atypical care rates.

The previous Appendix A, which was effective January 1, 2020 and was released by PR 20-01, should be retained until further notice. Please post the updated Appendix A according to the instructions below.

IMPLEMENTATION

The effective dates of the most recent rates are listed for each facility in the updated Appendix A. These rates have already been entered into the Medicaid Management Information System for claims calculation.

PR 20-02 and the updated Appendix A will be posted to the BEAS Policy & Procedures Database, in the DHHS APPS (N:) Drive, Long Term Care folder. The updated Appendix A will also be posted on the web at <https://www.dhhs.nh.gov/ombp/medicaid/nf-med-rates.htm>

Questions on this PR should be emailed to the DHHS Office of Medicaid/Rate Setting and directed to both of the individuals listed below:

Christy Roy, Financial Analyst, at Christy.Roy@dhhs.nh.gov

Claudia Marchesseault, Administrator II at Claudia.Marchesseault@dhhs.nh.gov

INSTRUCTIONS

Medicaid Manual

Remove and Retain

PR 20-01, Appendix A,
pages 1-5, dated 1/20

Insert

PR 20-02, 7/20
Appendix A,
pages 1-5, dated 7/20

DISTRIBUTION

PR 20-02 is being distributed as indicated above.

DISPOSITION

PR 20-01 may be destroyed once the content has been noted and the posting instructions carried out.

		ITEM APPENDIX A	PAGE 1
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 07-2020	

The following represents nursing facility rates. We have assigned codes to differentiate the type of nursing facility. Atypical care facilities are indicated with an asterisk preceding the facility code. The code is entered by the long term care nurse. The monthly rate is determined by multiplying the per diem rate by 30.42 days (leap year). The statewide average daily private paying rate (ICF and SNF) is \$343.79.

	FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
S	Alice Peck Day Memorial Hospital, Lebanon	3/8	\$109.21	\$3,322.17	3071163	1/1/2020
S	Androscoggin Valley Hosp, Berlin	3/8	\$109.21	\$3,322.17	3073139	1/1/2020
	Applewood Care & Rehabilitation Center, Winchester	3/8	\$166.45	\$5,063.41	3117748	7/1/2020
	Bedford Hills Center, Bedford	3/8	\$181.92	\$5,534.01	3077268	7/1/2020
	Bedford Nursing & Rehabilitation Svs, LLC, Bedford	3/8	\$184.66	\$5,617.36	3098212	7/1/2020
	Bel Air Nursing & Rehabilitation Center, Goffstown	3/8	\$166.04	\$5,050.94	3095281	7/1/2020
	Belknap County Nursing Home, Laconia	2/8	\$180.21	\$5,481.99	3077146	7/1/2020
	Braintree Manor HealthCare, Braintree MA	*8	\$438.18	\$13,329.44	3112099	1/1/2020
S	Cheshire Medical Center, Keene	3/8	\$109.21	\$3,322.17	3080131	1/1/2020
	Clipper Harbor of Portsmouth Care & Rehab, Portsmouth	3/8	\$184.08	\$5,599.71	3077280	7/1/2020
	Colonial Hill Center, Rochester	3/8	\$173.82	\$5,287.60	3079685	7/1/2020
	Colonial Poplin Nursing Home, Freemont	3/8	\$173.86	\$5,288.82	3080672	7/1/2020
	Coos County, Berlin	2/8	\$187.92	\$5,716.53	3071149	7/1/2020
	Coos County Institution, West Stewartstown	2/8	\$169.12	\$5,144.63	3071146	7/1/2020
S	Cottage Hospital, Woodsville	3/8	\$109.21	\$3,322.17	3074431	1/1/2020
	Country Village Center Genesis Healthcare, Lancaster	3/8	\$167.77	\$5,103.56	3071564	7/1/2020
	The Courville at Manchester	3/8	\$199.84	\$6,079.13	3071145	7/1/2020
	The Courville at Nashua	3/8	\$193.46	\$5,885.05	3071060	7/1/2020
	Crestwood Center, Milford	3/8	\$180.26	\$5,483.51	3117800	7/1/2020
	Derry Center for Rehabilitation and Healthcare	3/8	\$159.27	\$4,844.99	3120607	7/1/2020
	Dover Center for Health and Rehabilitation, Dover	3/8	\$198.86	\$6,049.32	3083629	7/1/2020
	The Edgewood Centre, Portsmouth	3/8	\$181.83	\$5,531.27	3077497	7/1/2020
	The Edgewood Centre, Portsmouth	*3	\$364.64	\$11,092.35	3077497	1/1/2020
	The Edgewood Centre, Portsmouth	*8	\$618.60	\$18,817.81	3077497	1/1/2020
	The Edgewood Centre, Portsmouth	*8	\$590.76	\$17,970.92	3104719	1/1/2020
	Elm Wood Center at Claremont	3/8	\$177.94	\$5,412.93	3071547	7/1/2020
	Elm Wood Center at Claremont	*8	\$545.07	\$16,581.03	3071547	4/15/2020
	Epsom HealthCare Center (Heartland), Epsom	3/8	\$164.91	\$5,016.56	3094362	7/1/2020
2-ICF COUNTY HOME		4-ICF INSTITUTION		7-SNF LONG TERM HOSPITAL		
3-ICF PRIVATE NURSING HOME				8-SNF NURSING FACILITY		
S-SWING BEDS				*-ATYPICAL BEDS		

		ITEM APPENDIX A	PAGE 2
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	FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
	Exeter Rehabilitation Center, Exeter	3/8	\$197.86	\$6,018.90	3079684	7/1/2020
	Fairview, Hudson	3/8	\$196.81	\$5,986.96	3071158	7/1/2020
S	Franklin Regional Hospital, Franklin	3/8	\$109.21	\$3,322.17	3074363	1/1/2020
	Glenclyff Home, Glenclyff	4	\$367.39	\$11,176.00	3077265	1/1/2020
	Grafton County Nursing Home, Woodsville	2/8	\$198.33	\$6,033.20	3071147	7/1/2020
	Greenbriar Healthcare, Nashua	3/8	\$162.93	\$4,956.33	3110230	7/1/2020
	Hackett Hill Center, Manchester	3/8	\$185.71	\$5,649.30	3099479	7/1/2020
	Hanover Hill Healthcare, Manchester	3/8	\$185.42	\$5,640.48	3071582	7/1/2020
	Hanover Terrace Health and Rehabilitation Center	3/8	\$167.39	\$5,092.00	3120609	7/1/2020
	Harris Hill Center Genesis Healthcare, Concord	3/8	\$166.95	\$5,078.62	3079064	7/1/2020
	Havenwood-Heritage Heights, Concord	3/8	\$174.73	\$5,315.29	3078147	7/1/2020
	Hillsboro House Nursing Home, Hillsboro	3/8	\$151.12	\$4,597.07	3079061	7/1/2020
	Hillsborough County Nursing Home, Goffstown	2/8	\$182.96	\$5,565.64	3076961	7/1/2020
	Hillsborough County, Goffstown	*2/*8	\$216.04	\$6,571.94	3076961	1/1/2020
	Holy Cross Health Center, Manchester	3/8	\$165.11	\$5,022.65	3071159	7/1/2020
S	Huggins Hospital, Wolfeboro	3/8	\$109.21	\$3,322.17	3079053	1/1/2020
	Jaffrey Rehabilitation and Nursing Center	3/8	\$206.42	\$6,279.30	3117639	7/1/2020
	Keene Center Genesis Healthcare, Keene	3/8	\$176.97	\$5,383.43	3071550	7/1/2020
	Laconia Rehab Center Genesis Healthcare, Laconia	3/8	\$180.67	\$5,495.98	3071568	7/1/2020
	Laconia Rehab Center Genesis Healthcare, Laconia	*3	\$180.67	\$5,495.98	3071568	1/1/2020
	Laconia Rehab Center Genesis Healthcare, Laconia	*3	\$364.64	\$11,092.35	3108064	1/1/2020
	Laconia Rehab Center Genesis Healthcare, Laconia	*8	\$556.05	\$16,915.04	3108064	1/1/2020
	Lafayette Center Genesis Healthcare, Franconia	3/8	\$173.94	\$5,291.25	3071552	7/1/2020
S	Lakes Region General Hospital, Laconia	3/8	\$109.21	\$3,322.17	3074362	1/1/2020
	Langdon Place of Dover, Dover	3/8	\$186.63	\$5,677.28	3077777	7/1/2020
	Langdon Place of Keene, Keene	3/8	\$200.33	\$6,094.04	3079683	7/1/2020
	Lebanon Center Genesis Healthcare, Lebanon	3/8	\$183.49	\$5,581.77	3071554	7/1/2020
S	Littleton Hospital Assoc, Littleton	3/8	\$109.21	\$3,322.17	3080827	1/1/2020

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 3
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	FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
	Lowell Health Care Center (CareOne Lowell), Lowell MA	*8	\$743.53	\$22,618.18	3091719	3/24/2020
	Lowell Health Care Center (CareOne Lowell), Lowell MA	*8	\$383.53	\$11,666.98	3091719	1/1/2020
	Maple Leaf Healthcare Center, Manchester	3/8	\$175.05	\$5,325.02	3094361	7/1/2020
	Maplewood Nursing Home, Westmoreland	2/8	\$186.62	\$5,676.98	3077307	7/1/2020
	Maplewood Nursing Home, Westmoreland	*2/*8	\$220.26	\$6,700.31	3077307	1/1/2020
S	The Memorial Hospital, North Conway	3/8	\$109.21	\$3,322.17	3074432	1/1/2020
	Merrimack County Nursing Home, Penacook	2/8	\$188.64	\$5,738.43	3071571	7/1/2020
	Merrimack County Nursing Home, Penacook	*2	\$220.26	\$6,700.31	3071571	1/1/2020
	Merriman House, North Conway	3/8	\$181.26	\$5,513.93	3109806	7/1/2020
	Golden View Health Care Center, Meredith	3/8	\$190.33	\$5,789.84	3076977	7/1/2020
	Mineral Springs Genesis Healthcare, North Conway	3/8	\$165.36	\$5,030.25	3077457	7/1/2020
S	Monadnock Community Hospital, Peterborough	3/8	\$109.21	\$3,322.17	3074435	1/1/2020
	Morrison Nursing Home, Whitefield	3/8	\$199.64	\$6,073.05	3076978	7/1/2020
	Mount Carmel Rehabilitation & Nursing Ctr, Manchester	3/8	\$212.35	\$6,459.69	3071565	7/1/2020
	Mountain Ridge Center Genesis Healthcare, Franklin	3/8	\$186.50	\$5,673.33	3076554	7/1/2020
	Mountain View Community, Ossipee	2/8	\$177.98	\$5,414.15	3071059	7/1/2020
S	New London Hospital, New London	3/8	\$109.21	\$3,322.17	3076518	1/1/2020
	NH Hospital - Psychiatric Unit, Concord	7	\$1,506.00	\$45,812.52	3076701	11/1/2019
	Oceanside Skilled Nursing & Rehab, Hampton	3/8	\$168.84	\$5,136.11	3077751	7/1/2020
	Oceanside Skilled Nursing & Rehab, Hampton	*8	\$360.85	\$10,977.06	3077751	1/1/2020
	Pheasant Wood Center, Peterborough	3/8	\$163.95	\$4,987.36	3117798	7/1/2020
	Pine Heights at Brattleboro Center for Nursing & Rehab	8	\$261.07	\$7,941.75	3109084	1/1/2020
	Pleasant Valley Nursing Home, Derry	3/8	\$182.26	\$5,709.23	3096252	7/1/2020
	Pleasant View Center, Concord	3/8	\$181.11	\$5,509.37	3077749	7/1/2020
	Presidential Oaks, Concord	3/8	\$181.74	\$5,528.53	3077464	7/1/2020
	Ridgewood Center, Bedford	3/8	\$184.20	\$5,603.36	3071549	7/1/2020
	Riverside Rest Home, Dover	2/8	\$170.75	\$5,194.22	3071061	7/1/2020
2-ICF COUNTY HOME		4-ICF INSTITUTION		7-SNF LONG TERM HOSPITAL		
3-ICF PRIVATE NURSING HOME				8-SNF NURSING FACILITY		
S-SWING BEDS				*-ATYPICAL BEDS		

		ITEM APPENDIX A	PAGE 4
MEDICAL ASSISTANCE	SUBJECT NURSING FACILITY RATES	DATE 07-2020	

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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
Riverside Rest Home, Dover	*2	\$222.90	\$6,780.62	3071061	1/1/2020
Riverside Rest Home, Dover	*8	\$447.45	\$13,611.43	3071061	1/1/2020
Rochester Manor, Rochester	3/8	\$166.38	\$5,061.28	3102820	7/1/2020
Rockingham County Nursing Home, Epping	2/8	\$194.94	\$5,930.07	3071581	7/1/2020
Salemhaven Inc, Salem	3/8	\$199.88	\$6,080.35	3071566	7/1/2020
S Speare Memorial Hospital, Plymouth	3/8	\$109.21	\$3,322.17	3077711	1/1/2020
St. Ann Rehab & Nursing Center, Dover	3/8	\$215.53	\$6,556.42	3071561	7/1/2020
St. Francis Rehab & Nursing Center, Laconia	3/8	\$190.13	\$5,783.75	3071559	7/1/2020
St. Joseph Residence, Manchester	3/8	\$192.82	\$5,865.58	3077269	7/1/2020
St. Teresa's Rehab & Nursing Center, Manchester	3/8	\$201.80	\$6,138.76	3076367	7/1/2020
St. Vincent de Paul Rehab & Nursing Center, Berlin	3/8	\$181.58	\$5,523.66	3071558	7/1/2020
Sullivan County Healthcare, Claremont	2/8	\$178.74	\$5,437.27	3077772	7/1/2020
The Elm's Center, Milford	3/8	\$166.67	\$5,070.10	3079682	7/1/2020
S Upper Connecticut Valley Hospital Assoc, Colebrook	3/8	\$109.21	\$3,322.17	3078954	1/1/2020
S Valley Regional Hospital, Claremont	3/8	\$109.21	\$3,322.17	3075262	1/1/2020
Villa Crest Nursing & Retirement, Manchester	3/8	\$170.49	\$5,186.31	3094360	7/1/2020
Warde Rehabilitation and Nursing Center, Windham	3/8	\$201.28	\$6,122.94	3101211	7/1/2020
Webster at Rye, Rye	3/8	\$195.99	\$5,962.02	3080660	7/1/2020
S Weeks Medical Center, Lancaster	3/8	\$109.21	\$3,322.17	3073196	1/1/2020
Westwood Care & Rehabilitation Center, Keene	3/8	\$180.25	\$5,483.21	3117794	7/1/2020
S Windsor Hospital Corporation	3/8	\$109.21	\$3,322.17	3080460	1/1/2020
Wolfeboro Bay Center, Wolfeboro	3/8	\$179.79	\$5,469.21	3079686	7/1/2020
Woodlawn Care Center, Newport	3/8	\$156.79	\$4,769.55	3071572	7/1/2020

ICF/MRs:

CedarCrest Center for Children with Disabilities, Keene	3	\$404.49	\$12,304.59	3077266	1/1/2020
CedarCrest Center for Children with Disabilities, Keene	*3	\$621.44	\$18,904.20	3077266	1/1/2020
CedarCrest Center for Children, Keene	8	\$957.07	\$29,114.07	3095289	1/1/2020

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 5
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
CedarCrest Center for Children, Keene	*8	\$819.86	\$24,940.14	3095289	1/1/2020

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

		ITEM APPENDIX A	PAGE 6
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FACILITY/ LOCATION	CODE	PER DIEM RATE	MONTHLY RATE	PROVIDER IDENTIFIER	EFFECTIVE DATE
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Pursuant to RSA 151-E:11 and He-E 801.09, the Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS) must conduct a cost comparison between the cost of a Choice for Independence (CFI) participant's home-based services and the average annual cost of the provision of services to a person in a nursing facility. This average annual cost for the provision of services to a person in a nursing facility is calculated by the BEAS rate setting unit using the methodology described in Administrative Rule He-E 801.09.

Average Annual Nursing Home Cost for Acuity-Based Facilities

7/1/2020	Annually	Monthly	Weekly	Daily
100%	\$87,104	\$7,259	\$1,675	\$238.64
80% - Signature required	\$69,683	\$5,807	\$1,340	\$190.91
60%	\$52,262	\$4,355	\$1,005	\$143.18
50%	\$43,552	\$3,629	\$838	\$119.32

RSA 151-E:11 and He-E 801.10 state that the commissioner must review and approve any CFI service plan that exceeds 80% of the average nursing facility cost. The commissioner's prior approval process must include a review of the cost of nursing facility services at a nursing facility qualified to provide services, including any specialized services, that would be necessary for the proper care and treatment of the CFI applicant or participant. He-E 806.36 describes how nursing facilities are reimbursed for specialized or atypical care.

Average Annual Nursing Home Cost for Atypical Ventilator Care Facilities

7/1/2020	Annually	Monthly	Weekly	Daily
100%	\$179,943	\$14,995	\$3,460	\$493.00
80% - Signature required	\$143,955	\$11,996	\$2,768	\$394.40
60%	\$107,966	\$8,997	\$2,076	\$295.80
50%	\$89,972	\$7,498	\$1,730	\$246.50

2-ICF COUNTY HOME	4-ICF INSTITUTION	7-SNF LONG TERM HOSPITAL
3-ICF PRIVATE NURSING HOME		8-SNF NURSING FACILITY
S-SWING BEDS		*-ATYPICAL BEDS

NH Department of Health and Human Services
Bureau of Elderly and Adult Services
PR 20-01
Nursing Facility rates as of July 1, 2020